

Work Order ID 92233

92233

Page 1

Item ID: 647.2510

Revision ID:

Item Name: Sleeve

Start Date: 23/10/2012 Start Qty: 24.00

Required Date: 06/11/2012 Req'd Qty: 24.00

Reference:

Approvals:

Process Plan: ML5

Date: 12-10-24 Tooling:

QC: 2

Date: SPC (Y/N):

N900040100

Setup Start *NS1*

Stop *NS2*

Cust Item ID:

Customer:

Run Start *NR1*

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
647.7300									
100		0.00							
100	DOOSAN LATHE								
Doosan		0.00							
Doosan Lathe	Memo I- Turn as per Folio FB144 AND DWG DWG Rev: <u>N/A</u> FOLIO Rev: <u>N/A</u> -Deburr per dwg								
110		0.00							
110	QC2- Inspect parts off machine FAI/FAIB								
QC		0.00							
Quality Control	Memo								



31 6

31 6

12/10/15

12/11/15

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: John Date: 13/12/15QA Closed: OK Date: 13/12/20

Work Order: <u>92233</u> Part No. <u>647.2510</u> NCR No. <u>13.2426</u>				DISPOSITION Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input checked="" type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
--	--	--	--	--	--	--	--	--	--	--	--

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>	12/11/15	100	6	6 parts scrap 4 Drills turned or broken in part while drilling. Lack of better tooling. QTY ⑥ RC Tooling / Drill Bits	DAS 16 9-25 051042 13/03/26	- ordered better quality S.S. drills - 5 parts replaced (1st operation) - 1 part scrap (2nd operation) + Replace M12/2500 X6	DAS 15 9-25 12/11/15	DAS 15 9-25 12/11/15	DAS 16 9-25 051042 13/03/26
Equip/Tooling <input checked="" type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input checked="" type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
---	---	---

☐ Ovalized
☐ Over/Under tolerance
☐ Part Incorrect
☐ Part Lost/Missing
☐ Part Moved
☐ Positioned Wrong
☐ Power Loss/Surge

☐ Pressure/Forced
☐ Temperature/Cure
☐ Weld
☐ Wrong Stock Pulled
☐ Other

Work Order ID 92233

92233

Page 2

Item ID: 647.2510

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Sleeve

Start Date: 23/10/2012 Start Qty: 24.00

24

Cust Item ID:

Required Date: 06/11/2012 Req'd Qty: 24.00

24

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
140	QC8- Inspect parts - second check	0.00							
140									
QC	Memo	0.00							
Quality Control	100% CHECK,CHECK ALL DIMENSIONS AND THREAD FIT								
150	PURCHASING	0.00							
150									
Purchasing	Memo	0.00							
Purchasing	Issue P/O: 18583								
	Passivate as per MIL-S-5002 TYPE 6								
	Certificate of conformaty is required								
160	Receive & Inspect for Damage & Mat'l Certs	0.00							
160									
Packaging	Memo	0.00							
Packaging	Ensure certificate of conformity is attached								

DAS
15
8-89
101129

31

PL 12-5-12

12/1/16 (31)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 92233

92233

Page 3

Item ID: 647.2510

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Sleeve

Start Date: 23/10/2012 Start Qty: 24.00

24

Cust Item ID:

Required Date: 06/11/2012 Req'd Qty: 24.00

24

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

170

QC5- Inspect part completeness to step on W/O

0.00

170

QC

Memo

0.00

Quality Control

180

Identify as per dwg & Stock Location: ST 438

0.00

180

Packaging

Memo

0.00

Packaging

190

QC21- Final Inspection - Work Order Release

0.00

190

QC

Memo

0.00

Quality Control

31

31X

SP
13-3-22

13/3/25

MF
13-3-25

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS			
Part No. _____		Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>
NCR No. _____		Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>
		Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>
		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
---	---	---	--	---

Picklist Print

October-24-12 7:51:40 AM

Page 1

Work Order ID: 92233

92233

Parent Item: 647.2510

647 2510

Parent Item Name: Sleeve

Start Date: 23/10/2012

Required Date: 06/11/2012

Start Qty: 24.00

Required Qty: 24.00

Comments: IPP REV:A NEW ISSUE 12-10-22 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M174PH-H1150R1.000		Purchased			No		f	0.0000		7.9992			
M174PH-H1150R1 000									**			12/10/15	
17-4 SS H1150 ROUND BAR 1.000													

M174PH 900 R 1.00

121280

13.7 RX

3/16

3/16

3/16

12

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		
<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 02935				SHEET 1 OF 1	
	DWG NO. 647.2500	REV: NC	PREPARED BY N.CAP	DATE: 07/14/10	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
	DWG TITLE: SKID SLEEVE					
APPROVED BY: ENGR <i>[Signature]</i>		MFG <i>[Signature]</i>	QC <i>[Signature]</i>	EFFECT: CURRENT ORDER		
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE		REASON: REVISED PART MATERIAL				

SHEET 1, NOTES:

NOTES:

1 MATERIAL: STAINLESS STEEL 17-4 PH, CONDITION: H1150

2 FINISH: PASSIVATE PER MIL-S-5002 TYPE 6

3. DEBURR AND BREAK ALL SHARP EDGES

4. IDENTIFY IAW MPP-120

SHOP
REVIEW
ENGINEER
UNCONTROLLED
SUBJECT TO
WITH A
WORK ORDER

NO. 92233 M/L
12-10-24

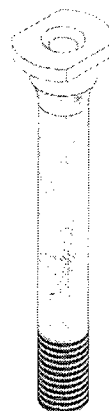
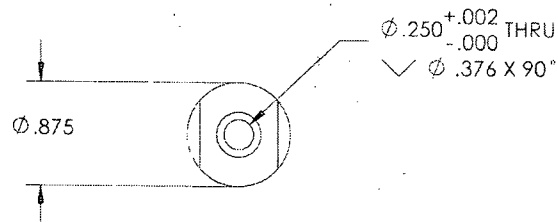
IS

F/N	TC	PART NUMBER	QTY	DESCRIPTION			MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:				<input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRU <input type="checkbox"/> ICA <input type="checkbox"/> BOM		CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR		DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

92233

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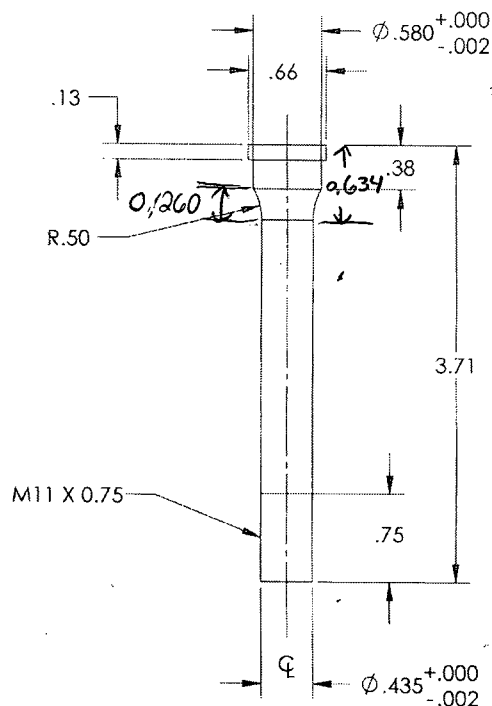
REV.	DESCRIPTION	DATE	APPROVED
1	LAST HATCHING REVISION		
2	FORM RELEASE	05/24/20	05/24/20



647.2510

NOTES:

- 1 MATERIAL: STAINLESS STEEL AM-355 PER AMS-5743, CONDITION: SCT1000
- 2 FINISH: PASSIVATE PER MIL-S-5002 TYPE 6
3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP-120



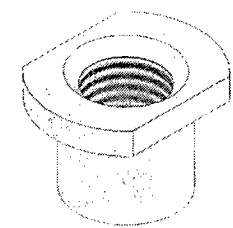
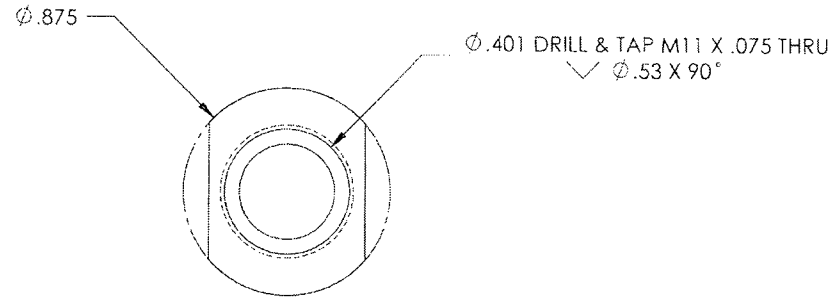
UNINCORPORATED ECN(s)

029135

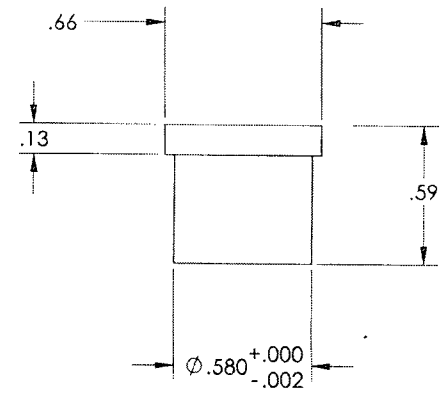
QTY	647.2511	NUT		
NEXT ASSY (S)	647.2510	SLEEVE		
647.1300		DESCRIPTION	MATL	SPEC.
PARTS LIST				
APICAL INDUSTRIES				
2608 TEMPLE HEIGHTS DR.				
OCEANSIDE, CA. 92056-3512 (760)724-5300				
SKID SLEEVE				
REV.	CAGE CODE	DRG. NO.	647.2500	REV.
8	07A12A			N/C
SCALE NONE				
SHEET 1 OF 2				

92233

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647.2511



ORIGINAL DATE		APICAL INDUSTRIES	
DESIGNED BY: J. GARDNER		2608 TEMPLE HEIGHTS DR.	
DRAWN BY: J. GARDNER		OCEANSIDE, CA. 92056-3512 (760) 724-5300	
CHECKED BY: P. BRAVO		SKID SLEEVE	
DRAWING APPROVAL		REV	
P. BRAVO		N/C	
CONTRACT NO.		SCALE: NONE	
UNLESS OTHERWISE SPECIFIED		SHEET 2 OF 2	
DIMENSIONS ARE IN INCHES			
TOLERANCES ARE			
2 PLACE DECIMALS ±.01			
3 PLACE DECIMALS ±.005			
ANGLES ±.5°			

Chantal Lavoie

From: Marc Bellavance <mbellavance@dartaero.com>
Sent: December 4, 2012 12:18 PM
To: 'Chantal Lavoie'
Subject: RE: Question?

Chantal,

The Passivation Treatment paragraph of MIL-S-5002 states that the process should be performed in accordance with QQ-P-35. On that basis, and to answer your question, MIL-S-5002 Type VI (or Type 6) would be equivalent to QQ-P-35 Type VI (or Type 6).

I would also like to point out that QQ-P-35 is a canceled spec, and itself automatically refers to AMS2700 for aerospace and ASTM A967 for other industries.



Please consider your
environmental responsibility
before printing this e-mail.

Marc Bellavance

Technical/Shop Support

T. 613-632-5200 | C. 613-676-0992 | F. 613-632-9311

1270 Aberdeen Street, Hawkesbury, Ontario, Canada, K6A 2K7

Technical Publications: Verify Revision Status/Download [HERE!](#)

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From: Chantal Lavoie [<mailto:clavoie@dartaero.com>]
Sent: Tuesday, December 04, 2012 11:04 AM
To: Marc Bellavance
Subject: FW: Question?

Hi Marc,

I would need your help. Could you tell me if passivation MIL-S-5002 type 6 is the same as QQ-P-35.

Thanks

Chantal

From: Brigitte Golden [<mailto:bgolden@dartaero.com>]
Sent: December 4, 2012 10:26 AM
To: clavoie@dartaero.com
Cc: L Lacelle; rlabel@atgindustries.com
Subject: FW: Question?

FYI

From: Roger Lebel [<mailto:rlabel@atgindustries.com>]
Sent: Tuesday, December 04, 2012 10:19 AM
To: Brigitte Golden
Subject: RE: Question?

Bonjour Brigitte,

Nous faisons du QQ-P-35. D'après nos recherches, le MIL-S-5002 Type 6 est le même traitement. Donc oui on peut le faire.

Par contre, quelles sont les dimensions de vos pièces?

Merci

Marc-André

Thank you/Merci!

Roger Lebel

Manager, Anodizing & Plating Department

Director, Human Resources

www.ATGIndustries.com

Email: rlebel@industries.com

Phone: (613) 446-4544

Fax: (613) 446-4556

From: Brigitte Golden [bgolden@dartaero.com]

Sent: Monday, December 03, 2012 3:34 PM

To: Roger Lebel

Cc: clavoie@dartaero.com

Subject: Question?

Hi Roger,

We have a change in a DWG, Material is stainless steel 17-4 PH, condition H1150.

Would you be able to finish: passivate per MIL-S-5002 Type 6?

If so, well, you will receive a PO

Thank You

Brigitte Golden

Order Processing

DART AEROSPACE Ltd.

1270 Aberdeen Street

Hawkesbury Ontario

Canada K6A 1K7

Tel: (613) 632-5200 Ext 224

Fax: (613) 632-1053

bgolden@dartaero.com



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731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62149

Date: 14-Jan-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description	Rev:	
1 lot	Part: ASST 24 PCS 647.2510 PASSIVATE PER QQ-P-35		
	1 PC 647.1613		
	12 PCS 647.1712		
	3 PCS 647.1810		
	40 PCS 647.1812		
	2 PCS 647.1813		
	1 PC 647.1816		
	20 PCS 646.3312		
	10 PCS 646.3714		
	40 PCS 646.3718		
	20 PCS 646.3811		
	6 PCS 647.7910		
	12 PCS 647.7912		
	6 PCS 647.7916		
	40 PCS 647.9012		
	10 PCS 647.9013		
	19 PCS 647.9016		
	30 PCS 647.9016		
	30 PCS 647.9017		
	60 PCS 647.9017		
	HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20130027		
	PO: PO18583	Line:	



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
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Fax: (613) 446-4556

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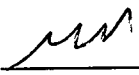
DART AEROSPACE LTD
1270 ABERDEEN ST
HAWKESBURY, ON K6A 1K7
Canada

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Terms	Ship Via
Quantity	Description
Certificate of Conformance	
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.	
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY	
DATE : <u>14/1/13</u>	
CERTIFIED SIGNATURE : <u></u>	
RECEIVER SIGNATURE : _____	